

COMMUNITY BASED RESIDENTIAL FACILITY RESIDENTS' RIGHTS COMPLAINT REPORT

Section 50.09 of the Wisconsin Statutes establishes the rights of residents in community-based residential facilities and requires all facilities to establish a system of reviewing complaints and allegations of violations of residents' rights under section 50.09(6), Wis. Stats. The Statute requires the facility to summarize complaints or allegations of violations of residents' rights and to report this information to the Department of Health and Family Services per s. 50.03(4)(c), Wis. Stats. Failure to provide residents' rights information may result in revocation of your license under section 50.03(4)(c)1., Wis. Stats. Personal information reported to the Department is collected to comply with s. 50.09(6)(d), Wis. Stats., and will be used for no other purpose.

This report must be submitted with the license application for a new facility and the biennial report for a continuing facility.

Name of Facility		License Number
Address		
City	Zip Code	Telephone Number

Section 50.09(6)(d), Wis. Stats., requires submission of a statement that includes a description of the complaint or violation of rights and contains the following:

1. Original date of the report;
2. Date or approximate date of the incident;
3. Date or estimated date of disposition;
4. Full name of person or persons initiating the complaint or allegation of violation;
5. Full names of residents involved;
6. Full names of witnesses and informants; and
7. Disposition of the matter.

A sample report is attached. If you have any questions about completing this requirement, please contact your Bureau of Quality Assurance Regional Field Operations Director.

**RETURN ONE COPY OF THIS FORM AND ALL ATTACHMENTS TO YOUR
BUREAU OF QUALITY ASSURANCE REGIONAL OFFICE.**

Keep a copy of this form and a copy of all statements on file at your facility.

SAMPLE RESIDENTS' RIGHTS COMPLAINT REPORT

A report on the rights of residents
Section 50.09(6)(d), Wis. Stats.

Name of Facility	Telephone
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Address	City	Zip
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FULL NAMES OF PERSONS INITIATING THE COMPLAINT, AND RELATIONSHIP TO RESIDENT

FULL NAMES OF RESIDENTS INVOLVED IN INCIDENT

FULL NAMES OF INFORMANTS OR WITNESSES OTHER THAN THOSE LISTED ABOVE

**GIVE A BRIEF DESCRIPTION OF THE INCIDENT (INCLUDE DATE AND TIME OF DAY).
DESCRIBE THE DISPOSITION OF THE MATTER AND THE DATE OF DISPOSITION**

Signature	Title	Date
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